



**State of California
Department of Industrial Relations**

DIVISION OF WORKERS' COMPENSATION

ELECTRONIC DATA INTERCHANGE TRADING PARTNER PROFILE

A. Trading Partner Background Information:

Date: _____

Name: _____

Master FEIN: _____

Physical Address: _____

City: _____ State: _____

Zip Code (Zip+4): _____

Mailing Address: _____

City: _____ State: _____

Zip Code: _____

Claims Administrator type (check any that apply):

- | | |
|---|---|
| <input type="checkbox"/> Self Administered Insurer | <input type="checkbox"/> Service Bureau |
| <input type="checkbox"/> Self Administered, Self-Insurer (employer) | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Third Party Administrator of insurer | |
| <input type="checkbox"/> Third Party Administrator of self-insurer | |

B. Trading Partner Contact Information:

Business Contact:

Technical Contact:

Name: _____

Name: _____

Title: _____

Title: _____

Phone: _____

Phone: _____

FAX: _____

FAX: _____

E-mail Address: _____

E-mail Address: _____

C. Trading Partner Transmission Specifications:

If submitting more than one profile, please specify:

PROFILE NUMBER (1, 2, etc.): _____

DESCRIPTION: _____

Select Transmission Mode to be used for sending data to DWC (check one):

☐ Value Added Network (VAN)--Complete sections C1 and C2 below.

☐ Internet File Transfer (e-mail and FTP)--Complete sections C1 and C3 below.

Section C1: VAN and INTERNET FILE TRANSFER users, please complete the following:

TRANSACTION SETS FOR THIS PROFILE:

Transaction Type	Mode of Transmission (circle one per row):		Expected Transmission Days of Week (circle any that apply):	Production Response Period
	Flat File Release #	ANSI X12 Version #		
First Reports of Injury			Daily Mon Tues Weds Thurs Fri Sat Sun	
Subsequent Reports of Injury			Daily Mon Tues Weds Thurs Fri Sat Sun	

Section C2: VAN users, please complete the following:

VAN ELECTRONIC MAILBOX FOR THIS PROFILE:

Network: _____

	TEST	PRODUCTION
Mailbox Acct ID		
User ID		

Section C3: INTERNET FILE TRANSFER (e-mail and FTP) users, please complete the following:

User Name (mandatory for FTP): _____

Password (mandatory for FTP): _____

URL or IP address(mandatory for FTP):

E-mail Address (mandatory for e-mail, optional for FTP):

DWC USE ONLY--SPECIAL TRANSMISSION SPECIFICATIONS FOR THIS PROFILE:

D. Receiver Information (to be completed by DWC):Name: California Division of Workers' CompensationFEIN: 943160882Physical Address: 455 Golden Gate Avenue, 9th FloorCity: San Francisco State: CA Zip Code: 94102 3677Mailing Address: P.O. Box 420603City: San Francisco State: CA Zip Code: 94142 0603

Business Contact:

Name: (Varies by trading partner)Title: (Varies by trading partner)Phone: (415) 703-4600FAX: (415) 703-4718E-mail Address: wcis@dir.ca.gov

Technical Contact:

Name: (Varies by trading partner)Title: (Varies by trading partner)Phone: (415) 703-4600FAX: (415) 703-4718E-mail Address: wcis@dir.ca.gov

RECEIVER'S VAN ELECTRONIC MAILBOX(s):

Network: A.T. & T.

	TEST	PROD
Mailbox Acct ID	<u>(N/A)</u>	<u>(N/A)</u>
User ID	<u>(N/A)</u>	<u>(N/A)</u>

Network: IBM Global (Advantis)

	TEST	PROD
Mailbox Acct ID	<u>DIRW</u>	<u>DIRW</u>
User ID	<u>DIRWCIS</u>	<u>DIRWCIS</u>

RECEIVER'S NETWORK IP ADDRESS FOR CONNECTING VIA A VIRTUAL PRIVATE NETWORK (VPN): (Please contact DWC for this information)

RECEIVER'S E-MAIL ADDRESSES FOR TRANSMISSIONS VIA E-MAIL ATTACHMENT:

TEST: wcisdata@dir.ca.govPRODUCTION: wcisdata@dir.ca.govRECEIVER'S FLAT FILE RECORD DELIMITER: CR

RECEIVER'S ANSI X12 TRANSMISSION SPECIFICATIONS:

Segment Terminator: ~Data Elements Separator: *Sub-Element Separator: >

ISA Information:

Sender/Receiver Qualifier: ZZ ZZSender/Receiver ID: (Use Master FEINs)

TEST PROD